

IEP Team Meeting Notes

Date _____ Student _____ Addendum to IEP? ☐ No ☐ Yes To be attached to IEP dated _____.

Purpose of Meeting: _____

Comments: _____

Parent/Guardian/Surrogate	Date	Parent/Guardian/Surrogate	Date
Special Education Teacher/Provider	Date	General Education Teacher	Date
Student (when appropriate)	Date	School District Representative	Date
Additional Participant/Title	Date	Additional Participant/Title	Date
Additional Participant/Title	Date	Additional Participant/Title	Date